



# Property Owner's Statement New Construction

MAILING ADDRESS:	ASSESSOR'S IDENTIFICATION NUMBER		Run No.
	Region	Cluster	Use Code
	Permit Date		Permit No.
	Permit Information		
	Address Correction Requested		
Permit Address	For assistance, call M-F 8 a.m. - 5 p.m.		Complete and return to Assessor by:

## IMPORTANT

This form **MUST** be filed within 40 days. Our records indicate a building permit was issued for new construction on your property. Please complete and return this form. Include any documentation you believe to be important to our valuation of your new construction. Revenue and Taxation Code, Section 441(d), reads in part: "At any time as required by the assessor for assessment purposes, every person shall make available for examination information or records regarding his or her property..."

Completion Date (Estimate if not complete)	Contractor's Name	
Did you do any of the work yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify in Remarks section on reverse side.	Contractor's Phone	License Number

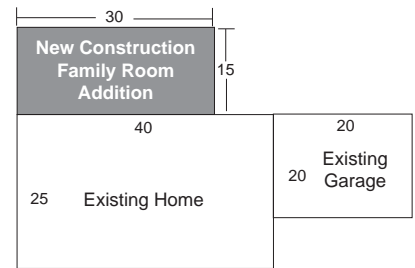
**Instructions:** Please check appropriate boxes below, providing costs where requested. Describe new construction and materials used in Remarks Section on reverse side. "Total Cost" is the amount paid or spent for completed work, including labor and materials.

<b>1 Type of Construction</b> <input type="checkbox"/> New Building (Specify: _____) <input type="checkbox"/> Addition to Main Structure <input type="checkbox"/> Alteration <input type="checkbox"/> Pool or Spa <input type="checkbox"/> Other (Describe: _____) Total Sq. Ft. of New Structure or Addition _____ (See Item 7 for Area Computation)  <b>Total Cost</b> \$ _____	<b>2 Heating/Air Conditioning</b> N = New Unit R = Replacement Unit N R <input type="checkbox"/> <input type="checkbox"/> Central Air Conditioning \$ _____ <input type="checkbox"/> <input type="checkbox"/> Fireplace \$ _____ <input type="checkbox"/> <input type="checkbox"/> Forced Air Furnace \$ _____ <input type="checkbox"/> <input type="checkbox"/> Heat Pump \$ _____ <input type="checkbox"/> <input type="checkbox"/> Solar Cooling or Heating \$ _____ <input type="checkbox"/> <input type="checkbox"/> Wall Heater \$ _____ <input type="checkbox"/> <input type="checkbox"/> Other _____ \$ _____  <b>Total Cost</b> \$ _____
<b>3 Plumbing Items</b> N = New Unit R = Replacement Unit N R <input type="checkbox"/> <input type="checkbox"/> Bath Tub _____ \$ _____ <input type="checkbox"/> <input type="checkbox"/> Shower Stall _____ \$ _____ <input type="checkbox"/> <input type="checkbox"/> Sink _____ \$ _____ <input type="checkbox"/> <input type="checkbox"/> Solar Water Heating _____ \$ _____ <input type="checkbox"/> <input type="checkbox"/> Toilet _____ \$ _____ <input type="checkbox"/> <input type="checkbox"/> Water Heater _____ \$ _____ <input type="checkbox"/> <input type="checkbox"/> Other _____ \$ _____  <b>Total Cost</b> \$ _____	<b>4 Cabinets/Appliances/Electrical</b> N = New Unit R = Replacement Unit N R <input type="checkbox"/> <input type="checkbox"/> Cabinets \$ _____ <input type="checkbox"/> <input type="checkbox"/> Dishwasher \$ _____ <input type="checkbox"/> <input type="checkbox"/> Microwave (built-in) \$ _____ <input type="checkbox"/> <input type="checkbox"/> Oven \$ _____ <input type="checkbox"/> <input type="checkbox"/> Range \$ _____ <input type="checkbox"/> <input type="checkbox"/> Range and Oven \$ _____ <input type="checkbox"/> <input type="checkbox"/> Other _____ \$ _____  <b>Total Cost</b> \$ _____
<b>5 Pool</b> Type: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Gunite <input type="checkbox"/> Plastic Lined Size _____ Heater: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Solar Detail: <input type="checkbox"/> Diving Board <input type="checkbox"/> Pool Sweep <input type="checkbox"/> Slide Approximate Sq. Ft. of Decking _____ x _____ = _____ Finish: <input type="checkbox"/> Cement <input type="checkbox"/> Other _____ Spa: <input type="checkbox"/> Attached <b>Total Cost</b> \$ _____	<b>6 Self-Contained Spa or Hot Tub</b> Type: <input type="checkbox"/> Gunite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Redwood <input type="checkbox"/> Other Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable Heater: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Solar  <b>Total Cost</b> \$ _____

7 **New Construction Layout** (See sample sketch)

Diagram the new construction and show its exterior dimensions and location in relation to other buildings on the lot.

**Sample Sketch - Example Only**



STREET SIDE OF PROPERTY

Area Computation of New Construction

$$15 \times 30 = 450$$

**Area Computation of New Construction**

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Total Square Feet = \_\_\_\_\_

**Interior Detail of New Construction**

Floor: ☐ Carpet  
☐ Wood ☐ Other \_\_\_\_\_  
Walls: ☐ Drywall ☐ Other \_\_\_\_\_

**Exterior Detail of New Construction**

Walls: ☐ Brick ☐ Siding  
☐ Stucco ☐ Other \_\_\_\_\_  
Roof: ☐ Composition Roll  
☐ Composition Shingle  
☐ Gravel or Rock  
☐ Tile ☐ Other \_\_\_\_\_

STREET SIDE OF PROPERTY

8 **Remarks:** Describe new construction and materials used, any work you did yourself, and any other new construction or demolition during the last 12 months. (Attach a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Room Count**

If addition or remodel, show number of rooms in main residence *before and after* completion.

	Before	After
Bathrooms	_____	_____
Bedrooms	_____	_____
Dining	_____	_____
Family/Den	_____	_____
Kitchen	_____	_____
Living	_____	_____
Other	_____	_____

**IMPORTANT** The Assessor's Office audits statements for completeness and accuracy. We may contact you for additional information or request a field check by an appraiser.

I declare under penalty of perjury that all of the foregoing statements, including any accompanying schedules and financial statements, are to the best of my knowledge, true and correct.

Signature of Owner or Agent	If Owner/Builder, Check Here <input type="checkbox"/>	Title (if agent)	Date	Daytime Phone
Street Address		City	State	ZIP

MAIL TO: Los Angeles County Assessor, 500 West Temple Street, Room 225, Los Angeles, CA 90012-2770